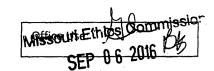


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 8/31/2016			·
	Type: New Amended (if amending, enter ME	CID C051	130 & section c	hanged 6)
2.	Committee Information			
	Citizens for Jake Zimmerman			
	9046 Old Bonhomme Road			, 314 , 738-9608
	Addition Address, City, State, & Zip			Telephone Number
	Official Committee Email Auuress		County Clerk or Board of Election Commiss	Nonce
	Committee Type: Campaign Candidate C	Continuing (P		ploratory Political Party
3.	Treasurer/Deputy Treasurer Information			
	Jason Wheeler			
	Treasurer's Name (First & Last)		Treasurer's Email Address (optional)	
	7434 Kingsbury Blvd., St. Louis, MO 63	3130	(314) 602-6458	(314) 552-6458
	Treasurer's Mailing Address, City, State, & Zip		Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (If one appointed)		Deputy Treasurer's Email Address (optional	1)
			()	(
	Deputy Treasurer's Mailing Address; City, State, & Zip		Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information			
	Additional Classificates Name A title (if any)		Additional Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization's Name (if any)		Connected Organization's Mailing Address,	, City, State, & Zip
	CANDIDATES: Do you have more than one candidate of	committee?	Yes (refer to instructions or	n back) 🗹 No
5.	Official Bank Account Information (required by all co	mmittees)		
6.	Candidate Supported or Opposed (candidate commit			
	Jake Zimmerman, 9046 Old Bonhomme Road, St. Louis, MO Name & Mailing Address, City, State & Zip of Candidate	63132	(314) 738-9608 Telephone Number (Candidate Committees	Cooks
	August, 7 2018 St. Louis County Ass	sessor	Democrat	Support
	Election Date Office Sought & Political Subdivis	ion	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign co	mmittees mu	ist complete this section)	
	Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose
3.	gnature(s) Check certification(s) & sign (required by all committees)			
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I			
	further acknowledge that I am aware that any false sta	tement or de	eclaration made herein is pur	nishable under Ch. 575 RSMo.
	Mul		mho	
	Committee Treasurer		Candidate (Candidate Committees Only)	